CONNECTICUT COLLEGE APPROVAL FORM FOR CORPORATE, FOUNDATION, GOVERNMENT AND RESEARCH GRANTS AND CONTRACTS

Forms are available from the Office of Corporate, Foundation and Government Relations, ext. 2438

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**Source:** Foundation ____ Corporation ____ Federal ____ State ____ Other ____

**Purpose:** Institutional ____ Research ____ Format: Contract ____ Subcontract ____

Revised Budget ____ Supplement ____ Renewal ____ Consortial ____ Other: ____

### A. GENERAL INFORMATION

P.I.(s)/Project Director: ___________________________ Dept.: ___________________

________________________________________________ Dept.: ___________________

Agency/Grantor: ___________________________ Grant Period: _______to________

Specific program: ___________________________ **Total Request:** ______________

Proposal Title: _______________________________________________________________

### B. BUDGET:

1. **College Matching funds** requested: ________________ Required Match? Yes ___ No ___

Matching funds source: ________________ Matching funds used for ______________________

Other Matching funds and source(s)_________________________________________________

2. Additional space or support required? Yes ___ No ___ Course release? Yes___ No___

If yes, please itemize:

______________________________________________________________________________

3. Does this project require academic year released time? Yes ___ No ___

If yes, please itemize:

______________________________________________________________________________

If the answer to 1, 2, or 3 is yes, please obtain signature of the **Associate Dean of the Faculty**:

________________________________________________

4. **Are Indirect Costs** allowed? Yes ___ No ___ Waived ___ % Waived__________________

If Indirect Costs are waived, please obtain **Dean of Faculty**’s signature_________________

5. **Fringe Benefits** will be paid by_______________________________________________

6. **Summer housing** for students? Yes ____ No ____ No. of students____ No. of weeks____

Please obtain signature of the **Dean of the College**___________________________________

Source: Foundation_____ Corporation _____ Federal_____ State_____ Other_____

Purpose: Institutional_____ Research_____ Format: Contract_____ Subcontract_____
C. SPECIAL REQUIREMENTS
1. Is there a Contract involved? Yes___ No___
2. Will there be a sub-recipient agreement? Yes___ No___
   If yes, then requires internal routing to Legal Counsel/VP of Administration for review.

3. Does this project involve: human subjects? Yes ___ No ___ IRB ______________
   laboratory animals? Yes ___ No ___ IACUC _____________
   recombinant DNA? Yes ___ No ___ Lab Safety ____________

4. For NSF and DHHS (NIH, PHS) Proposals only:
   Conflict of Interest: Are there significant financial interests to be reported by any individual(s)
   responsible for the design, conduct, or reporting of this project? Yes ___ No ___. If yes, a
   Significant Financial Interest Disclosure form and accompanying materials must be submitted to
   the office of Corporate, Foundation and Government Relations prior to receiving Campus
   Endorsements and before this proposal is submitted. Each P.I. must sign below.
   ___ I have reviewed the Connecticut College Conflict of Interest Policy and there is no significant financial interest
   by any party as defined above. If this changes during the period of the grant, a revised Disclosure form will
   be submitted immediately.
   ___ There is a significant financial interest and a Disclosure form was submitted to the Office of Corporate,
   Foundation and Government Relations on (date): ______________ by: ____________________

   NSF and DHHS P.I.(s): ___________________________________________ Date________
   ___________________________________________ Date________

D. SIGNATURES/CAMPUS ENDORSEMENTS: (to be obtained in sequence)

[ ] Project Director __________________________________ Date ________
[ ] Department Chair __________________________________ Date ________
[ ] Director, CFGR __________________________________________ Date ________
[ ] Controller ______________________________________________ Date ________
[ ] VP, Finance ____________________________________________ Date ________
[ ] VP, Finance ____________________________________________ Date ________
[ ] VP, Administration __________________________________ Date ________
[ ] Dean of the College _____________________________________ Date ________
[ ] Dean of the Faculty _____________________________________ Date ________
[ ] VP, Information Services _______________________________ Date ________
[ ] VP, Advancement ______________________________________ Date ________